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Please type a plus sign (+) inside this box →		PTO/SB/21 (6

Approved for use through 08/30/2000. OMB 0651-0031
Patter tast Trailman Tra

		Application Number		10/560,263		
TRANSMITTAL		Filing Date		JUNE 23, 2006		
FORM		First Named Inventor		BARRY DEAN BRIGGS		
(to be used for all correspondence after initial filing)		Group/Art Unit		3731		
		Examiner Name		UNASSIGNED		
Total Number of Pages in This Submission	19	Attorney Docket Number		38187-2804		
	ENCLOSU	RES (check all that apply)				
Fee Transmittal Form	Copy of A	Assignment		After Allowance Communication to Group		
Fee Attached	Amendm	ent Under 37 CFR §1.48(b)		Appeal Communication to Board of Appeals and Interferences		
Amendment / Response	Licensing	related Papers		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final		Routing Slip (PTO/SB/69)		Proprietary Information		
Version With Markings Showing Changes	Petition to	Convert to a al Application		Status Letter		
Affidavits/declaration(s) Extension of Time Request	L Exclusion	Attorney, by Assignee to n of Inventor Under 37 C.F.R. th Revocation of Prior Powers		Additional Enclosure(s) (Please Identify Below):		
	•	Disclaimer	١r			
INFORMATION DISCLOSURE STATEMENT WITH FORM PTO-1449 (2 REFERENCES)	Small Ent	tity Statement	-	-		
Certified Copy of Priority Document(s)	Request f	or Refund				
Response to Missing Parts/ Incomplete	Remarks					
Application Response to Missing Parts under 37 CFR 1.52 or 1.53	AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT <u>07-1700</u> FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER, REFERENCING ATTORNEY'S DOCKET NO. <u>38187-2804.</u>					
Copy of Notice						
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT						
Firm or GOODWIN PROCTER-LP PAUL DAVIS (Reg. No. 29,294) Individual name 135 Commonwealty-brige, Mesip Park, California 94025 Telephone: (650) 752-3100 Facsimile: (650) 853-1038						
Individual name 135 Commonwealth-Orige, Weedip Park, California 94025 Telephone: (650) 752-3100 Facsimile: (650) 853-1038 Signature						
Date APRIL 2, 2008		Customer Number:	77845			

FILED VIA EFS

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of inter you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED PORMS TO THIS ADDIVISES. SEND TO Miss Step _____ Commissioner for Patients, P.O. Sen 1450, Alexandria, VA 22313-1450.